



DEPARTMENT OF THE ARMY  
NATIONAL AMEDD AUGMENTATION DETACHMENT  
1401 DESHLER STREET SW  
FORT MCPHERSON, GA 30330-2000

REPLY TO  
ATTENTION OF

EXEMPTION CERTIFICATE  
TAX ON OCCUPANCY OF HOTEL ROOMS

TO BE RETAINED BY OPERATORS OF HOTELS, MOTELS, AND SIMILAR  
ACCOMMODATIONS AS EVIDENCE OF EXEMPT OCCUPANCY.

DATE: \_\_\_\_\_  
(NAME OF HOTEL, APARTMENT HOTEL OR LODGING HOUSE) \_\_\_\_\_  
\_\_\_\_\_  
(ADDRESS) \_\_\_\_\_  
\_\_\_\_\_

This is to certify that I, the undersigned, am a representative of the United States Governmental department, agency, or instrumentality indicated below; that the chart for the occupancy at the above establishment on the dates set forth below have been or will be paid for by such governmental unit; and that such charges are incurred in the performance of my official duties as a representative or employee of such governmental unit.

DATES OF  
OCCUPANCY: \_\_\_\_\_  
\_\_\_\_\_  
(SIGNATURE)

GOVERNMENTAL  
UNIT: NATIONAL AMEDD AUGMENTATION DET \_\_\_\_\_  
(SIGNATURE)

NOTE: A SEPARATE EXEMPTION CERTIFICATE IS REQUIRED FOR EACH  
OCCUPANCY AND FOR EACH REPRESENTATIVE OR EMPLOYEE.